



THE COMMONWEALTH OF MASSACHUSETTS  
TRAVEL AUTHORIZATION FORM (Form TAF)

Shaded areas must be completed if travel is subsidized by a private party, per 801 CMR 7.00

1. Date of Request: March 1, 2011	2. Travel Request #:	3. Department/Division: DPH	4. DEPT/ORGN: 0294	5. Appropriation No.: 8100-9749-
6. Name of Traveler(s): Michael Lawler		7. Title(s): Chemist III (Unit 9)	8. Dates of Travel: June 5, 2011 - June 12, 11	8.a Destination Sterling, VA
9. Travel Itinerary and Justification (If travel is privately subsidized, statement of purpose must include anticipated benefit to the Commonwealth and Employee: Mr Lawler will be traveling to Sterling, VA, June 5 through June 10, to attend a mandatory training seminar for forensic scientists involved in the analysis of controlled substances conducted by the Special Testing Laboratory of the Drug Enforcement Agency (DEA). The purpose of this seminar is to enhance Mr Lawler's skill as a forensic scientist. The 5 day training will include knowledge about analyzing different controlled substances, chemistry related to the analysis of controlled substances. Mr Lawler will stay in Virginia for additional 2 days at his own expense.				
<input checked="" type="checkbox"/> Supporting documentation, i.e. agendas or brochures, is attached. Signature of Bureau Director/Assistant Commissioner/Hospital Director: <u>Linda Han</u> <u>U Han</u> Date: <u>3-11-11</u>				

10. Estimated Expenses:	Private Funds	State/Federal Funds	Personal Funds	Other Funds
Transportation: (check all that apply) <input checked="" type="checkbox"/> Air <input type="checkbox"/> Rail <input type="checkbox"/> Bus <input checked="" type="checkbox"/> Taxi Car: <input type="checkbox"/> State <input type="checkbox"/> Personal <input type="checkbox"/> Rental		376.29 50.00 18.62	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
Lodging:		885.50	<input checked="" type="checkbox"/>	
Meals: 5 Days @ 17.50 1 Dinner @ 8.50		96.00	<input checked="" type="checkbox"/>	
Other: (please list): Parking/Registration Fee				
Sub Total(s)		1426.41		
Grand Total				1426.41

11. Include names of all other travelers (including family, friends or coworkers) and how they will pay. In addition, if the travel consists of a non-business component, please describe: Mr Lawler will stay in Virginia for additional 2 days and it no cost to the Commonwealth and on his own time.  
Peter Piro and Rebecca Pontes

12. Privately Subsidized Travel Information: Not Applicable ☐

Name of Contact Person:	Describe all activities offered and intent to participate:
Company:	
Address:	
Business Activity:	
Telephone Number:	
Relationship Between Private Party and the Commonwealth:	

13. Certifications and Authorizations

I hereby certify under the pains and penalties of perjury that, to the best of my knowledge, the above information is true and correct.

Signature of Traveler: Michael Lawler Michael Lawler Date: 3/11/11

I hereby certify that sufficient funds are available for the above described travel accommodations. ☐ Delegation from Secretary granted.

Signature of Department Head or Designee: [Signature] Title: COS Date: 4/4/11

☐ Approved ☐ Disapproved ☐ Approved With Modifications ☐ Comments Attached

Signature of Cabinet Secretary: \_\_\_\_\_ Date: \_\_\_\_\_

**THE COMMONWEALTH OF MASSACHUSETTS  
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1. Date of Request: 3/1/11	2. Travel Request #:	3. Department/Division: DPH	4. DEPT/ORGN: 0294	5. Appropriation No.: 8100-9749 ✓
6. Name of Traveler(s): Rebecca Pontes		7. Title(s): Chemist II (unit 9)	8. Dates of Travel: June 5 2011 - June 10, 2011 ✓	8.a Destination Sterling, VA ✓
9. Travel Itinerary and Justification (If travel is privately subsidized, statement of purpose must include anticipated benefit to the Commonwealth and Employee: Mrs. Pontes will be traveling to Sterling, VA June 5, 2011 through June 10, 2011 to attend a mandatory training seminar for forensic scientists involved in the analysis of controlled substances conducted by the special testing Laboratory of the Drug enforcement Agency (DEA). The purpose of this seminar is the enhance Mrs. Pontes' skill as a forensic scientist. The 5 day training will include knowledge about analyzing different controlled substances, chemistry related to the analysis of controlled substances.				
<input type="checkbox"/> Supporting documentation, i.e. agendas or brochures, is attached. Signature of Bureau Director/Assistant Commissioner/Hospital Director: <u>Linda Han</u> <u>W. Dalton</u> Date: <u>3-11-11</u> ✓				

10. Estimated Expenses:	Private Funds	State/Federal Funds	Personal Funds	Other Funds
Transportation: (check all that apply) <input checked="" type="checkbox"/> Air <input type="checkbox"/> Rail <input type="checkbox"/> Bus <input checked="" type="checkbox"/> Taxi Car: <input type="checkbox"/> State <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Rental		\$333.40 \$90 17.28	✓ ✓ ✓	
Lodging:		\$885.50	✓	
Meals: <u>5 days @ 17.50</u> <u>1 Dinner @ 8.50</u>		\$96.00	✓	
Other: (please list): Registration Fee				
Sub Total(s)		\$1422.18		
<b>Grand Total</b>				<b>\$1422.18</b>

11. Include names of all other travelers (including family, friends or coworkers) and how they will pay. In addition, if the travel consists of a non-business component, please describe:  
 Eileen Lafleur - family, Albert Lafleur - family, Emily Pontes - family. All family members travelling with me will be paying for their expenses privately and separately. Michael Lawler, Peter Piro

12. Privately Subsidized Travel Information: Not Applicable ☐

Name of Contact Person:	Describe all activities offered and intent to participate:
Company:	
Address:	
Business Activity:	
Telephone Number:	Relationship Between Private Party and the Commonwealth:

13. Certifications and Authorizations

I hereby certify under the pains and penalties of perjury that, to the best of my knowledge, the above information is true and correct.

Signature of Traveler: Rebecca Pontes [Signature] Date: 3/12/11 ✓

I hereby certify that sufficient funds are available for the above described travel accommodations. ☐ Delegation from Secretary granted.

Signature of Department Head or Designee: [Signature] Title: ODS Date: 4/4/11

☒ Approved 
 ☐ Disapproved 
 ☐ Approved With Modifications 
 ☐ Comments Attached



THE COMMONWEALTH OF MASSACHUSETTS  
TRAVEL AUTHORIZATION FORM (Form TAF)

Shaded areas must be completed if travel is subsidized by a private party, per 801 CMR 7.00

1. Date of Request: March 1, 2011	2. Travel Request #:	3. Department/Division: DPH	4. DEPT/ORGN: 0294	5. Appropriation No.: 8100-9749-1
6. Name of Traveler(s): Peter Piro		7. Title(s): Lab Supervisor (Unit 9)	8. Dates of Travel: June 5, 2011-June 10	8.a Destination Sterling, VA
9. Travel Itinerary and Justification (If travel is privately subsidized, statement of purpose must include anticipated benefit to the Commonwealth and Employee: Mr Piro will be traveling to Sterling, VA, June 5 through June 10, 2011 to attend a mandatory training seminar for forensic scientists involved in the analysis of controlled substances conducted by the Special Testing Laboratory of the Drug Enforcement Agency (DEA). The purpose of this seminar is to enhance Mr Piro's skill as a forensic scientist. The 5 day training will include knowledge about analyzing different controlled substances, chemistry related to the analysis of controlled substances.				
<input type="checkbox"/> Supporting documentation, i.e. agendas or brochures, is attached. Signature of Bureau Director/Assistant Commissioner/Hospital Director: <u>Linda Han</u> <u>W. Han</u> Date: <u>3/11/11</u>				

10. Estimated Expenses:	Private Funds	State/Federal Funds	Personal Funds	Other Funds
Transportation: (check all that apply) <input checked="" type="checkbox"/> Air <input type="checkbox"/> Rail <input checked="" type="checkbox"/> Bus <input checked="" type="checkbox"/> Taxi Car: <input type="checkbox"/> State <input type="checkbox"/> Personal <input type="checkbox"/> Rental		400.10 50.00 \$22 7.76	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
Lodging:		885.50		
Meals: 5 days @ 17.50 1 Dinner @ 8.50		96.00	<input checked="" type="checkbox"/>	
Other: (please list): Parking/Registration Fee		\$66.00	<input checked="" type="checkbox"/>	
Sub Total(s)		1527.36		
Grand Total				1527.36

11. Include names of all other travelers (including family, friends or coworkers) and how they will pay. In addition, if the travel consists of a non-business component, please describe:  
Michael Lawler and Rebecca Pontes Michael Lawler, Rebecca Pontes

12. Privately Subsidized Travel Information: Not Applicable ☐

Name of Contact Person:	Describe all activities offered and intent to participate:
Company:	
Address:	
Business Activity:	
Telephone Number:	
Relationship Between Private Party and the Commonwealth:	

13. Certifications and Authorizations

I hereby certify under the pains and penalties of perjury that, to the best of my knowledge, the above information is true and correct.

Signature of Traveler: Peter Piro Date: 3-7-11

I hereby certify that sufficient funds are available for the above described travel accommodations. ☐ Delegation from Secretary granted.

Signature of Department Head or Designee: [Signature] Title: COS Date: 4/4/11

☐ Approved ☐ Disapproved ☐ Approved With Modifications ☐ Comments Attached

Signature of Cabinet Secretary: \_\_\_\_\_ Date: \_\_\_\_\_